

Adjustment date: 07/24/2008 CKHLOK
06/16/2008 INTEFSW 00003378 024377 10073463
02 FC:2253 525.00 CR

FEE TRANSMITTAL for FY 2007

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1,295

Complete if Known

Application Number	10/073463
Filing Date	02/11/2002
First Named Inventor	Rzhetsky et al.
Examiner Name	DeJong
Art Unit	1631
Attorney Docket No.	070050.1942

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit
Account
Number
Deposit
Account
Name

02-4377

Baker Botts L.L.P.

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) or any underpayment of fee(s)

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

Extra Claim Fees

	Extra Claims	Fee	Fee Paid
Total Claims	<input type="text"/>	x 25 =	\$0
Independent Claims	<input type="text"/>	x 105 =	\$0
Multiple Dependent	<input type="text"/>	=	\$0

SUBTOTAL \$0

Fee Description	Large Entity	Small Entity
Claims in excess of 20	50	25
Independent claims in excess of 3	210	105
Multiple dependent claim, if not paid	370	185

FEE CALCULATION (continued)

ADDITIONAL FEES

<input type="checkbox"/> Surcharge - late oath or filing fee	<input type="text"/>
<input type="checkbox"/> Non-English Specification	<input type="text"/>
<input type="checkbox"/> Extension for reply within first month	<input type="text"/>
<input type="checkbox"/> Extension for reply within second month	<input type="text"/>
<input checked="" type="checkbox"/> Extension for reply within third month	\$525
<input type="checkbox"/> Extension for reply within fourth month	<input type="text"/>
<input type="checkbox"/> Extension for reply within fifth month	<input type="text"/>
<input type="checkbox"/> Notice of Appeal	<input type="text"/>
<input type="checkbox"/> Filing a brief in support of an appeal	<input type="text"/>
<input type="checkbox"/> Petition to revive - unavoidable	<input type="text"/>
<input checked="" type="checkbox"/> Petition to revive - unintentional	\$770
<input type="checkbox"/> Utility Issue Fee	<input type="text"/>
<input type="checkbox"/> Design Issue Fee	<input type="text"/>
<input type="checkbox"/> Publication Fee	<input type="text"/>
<input type="checkbox"/> Petitions to the Commissioner	<input type="text"/>
<input type="checkbox"/> Request for Continued Examination (RCE)	<input type="text"/>
<input type="checkbox"/> Information Disclosure Statement (IDS)	<input type="text"/>

Other fee -

SUBTOTAL (\$) 1,295

SUBMITTED BY

Name (Print/Type)

Kimberley A. Gavin

Registration No.
(Attorney/Agent)

51,723

Telephone

212-408-2500

Signature

Date

06/13/2008

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>7/18/08</u>		2 Serial/Patent # <u>10/073,463</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input checked="" type="checkbox"/>	Extension of Time <u>2253</u>		<u>6/13/08</u>	\$ <u>525.00</u>
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
		7 TOTAL AMOUNT OF REFUND		\$ <u>525.00</u> 0.00
		8 TO BE REFUNDED BY:		
10 REASON:		Treasury Check		
<input checked="" type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/> Credit Deposit A/C #:		
<input type="checkbox"/>	Duplicate Payment	9 <u>02--4377</u>		
<input type="checkbox"/>	No Fee Due (Explanation):			
<u>Extension of Time fee unnecessary</u>				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Thomas Burke</u>		TITLE: <u>Paralegal</u>		
SIGNATURE: <u>[Signature]</u>		PHONE: <u>571-272-4884</u>		
OFFICE: <u>Office of Petitions</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: <u>[Signature]</u>		DATE: <u>7/24/08</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: